



# MYCOBACTERIOLOGY TEST REQUEST

SF 13701 (R7/10-07)

CLIA Certified Laboratory # 15D0662599

INDIANA STATE DEPARTMENT OF HEALTH  
LABORATORIES  
550 W. 16<sup>TH</sup> STREET, SUITE B  
INDIANAPOLIS, IN 46202-2203  
(317) 921-5500

PATIENT NAME	<u>LAST</u>	<u>FIRST</u>	<u>BIRTHDATE</u>	<u>SEX</u> <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS				COUNTY
PHYSICIAN	MD ADDRESS			

<u>DATE COLLECTED</u>	<input type="checkbox"/> SPUTUM <input type="checkbox"/> CULTURE FOR ID	<u>SPECIMEN SOURCE</u>	<u>ANTI-MYCOBACTERIAL THERAPY</u> <input type="checkbox"/> NONE <input type="checkbox"/> STR <input type="checkbox"/> ISO <input type="checkbox"/> RIF <input type="checkbox"/> ETH <input type="checkbox"/> PZA
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<u>Sender Comments</u>	<u>Name and Address for Report</u>
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DO NOT WRITE BELOW THIS LINE

<u>MICROSCOPIC EXAMINATION</u> Auramine-O Stain (400X) Acid Fast Bacteria <input type="checkbox"/> Not Found <input type="checkbox"/> Found <input type="checkbox"/> < 1 per field <input type="checkbox"/> 1-10 per field <input type="checkbox"/> > 10 per field  <input type="checkbox"/> SPECIMEN UNSATISFACTORY _____ Date _____ By _____	<u>IDENTIFICATION</u> Mycobacterium <input type="checkbox"/> tuberculosis complex <input type="checkbox"/> avium complex <input type="checkbox"/> chelonae <input type="checkbox"/> kansasii <input type="checkbox"/> xenopi <input type="checkbox"/> fortuitum <input type="checkbox"/> gordonae <input type="checkbox"/> _____ <input type="checkbox"/> Not isolated <input type="checkbox"/> Culture is contaminated, more time required <input type="checkbox"/> Overgrown <input type="checkbox"/> Culture sent to CDC Date _____ By _____	<u>SIRE BACTEC SUSCEPTIBILITY</u> <table><thead><tr><th></th><th>µg/ml</th><th>S</th><th>R</th></tr></thead><tbody><tr><td>STREPTOMYCIN</td><td>2.0</td><td></td><td></td></tr><tr><td>ISONIAZID</td><td>0.1</td><td></td><td></td></tr><tr><td>RIFAMPIN</td><td>2.0</td><td></td><td></td></tr><tr><td>ETHAMBUTOL</td><td>2.5</td><td></td><td></td></tr><tr><td>PYRAZINAMIDE</td><td>100</td><td></td><td></td></tr></tbody></table> <p>S=Susceptible R=Resistant Date _____ By _____</p> <p><u>ISDH COMMENTS</u></p>		µg/ml	S	R	STREPTOMYCIN	2.0			ISONIAZID	0.1			RIFAMPIN	2.0			ETHAMBUTOL	2.5			PYRAZINAMIDE	100		
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Lab No. _____ Date Received _____																										
<input type="checkbox"/> Copy to TB Control <input type="checkbox"/> FINAL REPORT																										

**MYCOBACTERIOLOGY**  
**(Examination for Tuberculosis)**

Complete the top part of the request form. TYPE or PRINT legibly with black ink. The final report will be a photocopy of the front side only, returned to the submitting facility.

**Submission of Clinical Specimens**  
**(ISDH Container No. 6A – Tuberculosis)**

**WRITE THE PATIENT NAME AND COLLECTION DATE ON THE REQUEST FORM, SPECIMEN TUBES AND CULTURES. WITHOUT THIS INFORMATION THE SPECIMEN WILL NOT BE TESTED.**

1. Collect sputum early in the morning **BEFORE** the patient eats or drinks. It should be raised from the lungs, not saliva, and deposited directly into the furnished plastic container. Do not fill the plastic container more than half full. Wipe off any sputum from the outside of the plastic container before shipment.
2. After collection, tighten the cap to avoid breakage and leakage and place in the metal container.
3. Enclose the completed request form in the outer cardboard mailer along with the aluminum container and forward to the laboratory promptly.

**Note:** If gastric washings are to be submitted, you must neutralize the washings to about pH 7 within 30 minutes after collection or the organisms will die.

**Submission of Cultures**

1. Submit a pure culture on a tubed slant of mycobacterial culture medium, preferably Lowenstein – Jensen.
2. Pack the culture to prevent breakage and to conform to USPS and D.O.T. regulations for “Category A, Biological Substances”. Wrap the culture in absorbent material, place it in an inner container along with the request form and enclose securely in an outer shipping container. **Do NOT send or deliver cultures grown on Petri plates; they will not be accepted.**
3. Secure the outer container and address label to assure prompt delivery to the laboratory.

**Test Service Information**

1. All samples received with completed paperwork are tested. If there is a problem with your submission, you will be promptly notified by telephone, mail, or both. Specimens without a patient name or ID will be considered unsatisfactory and will not be tested.
2. Drug susceptibility testing procedures is performed on M. tuberculosis only.
  - a. Bactec 460 S.I.R.E testing requires approximately 1 week too complete. This procedure is automatically performed for new patients and on patients who remain culture positive after 3 months of treatment.